PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/586, 765

(Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
U.S.	NATIONAL S	STAGE FEES	(.,	<u> </u>		RATE	FEE		RATE	FEE
BASI	IC FEE		SMALL ENT.	SMALL ENT. = \$ 150		SE ENT. = \$ 300	BASIC FEE		OR	BASIC FEE	300
EXAI	MINATION FEE	E	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			her situations = 100 / \$ 200	EXAM. FEE			EXAM. FEE	200
SEAI	RCH FEE		U.S. is ISA = \$5 ALL other coun \$ 200 / \$ 4	50 / \$ 100 intries =	ALLO	ther situations = 250 / \$ 500	SEARCH FEE			SEARCH FEE	100
FEE	FOR EXTRA SI	PEC. PGS.	minu	minus 100 =		/ 50 =	X \$ 125 =			X \$ 250 =	
тот/	AL CHARGEAB	3LE CLAIMS	35 min	35 minus 20 = *		5	X \$ 25 =		OR	X \$ 50 =	750
INDE	EPENDENT CLA	AIMS	2 mi	inus 3 =	*		X \$ 100 =		OR	X \$ 200 =	
MUL.	TIPLE DEPEN	DENT CLAIM PRE	ESENT	ENT			+ \$ 180 =		OR	+ \$ 360 =	
* If !	the difference	e in column 1 is l	less than zero	, enter "(0" in co	lumn 2	TOTAL		OR	TOTAL	1350
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
A T A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	AULTIPLE DEPE	ENDENT	CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
	<u></u>						TOTAL ADDIT	Г.	OR	TOTAL ADDIT. FEE	
		(Osleman 1)		(Colu	2)	(Column 3)					
4T B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	umn 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total	*	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
AMEND	Independent	*	Minus	***		=	X \$ 100 =	1	OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	NULTIPLE DEPI	ENDENT	CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
							TOTAL ADDI FEE	Г.	OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											